Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT"

State:	LOUISIANA
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- B: The method used to collect cost sharing charges for categorically needy individuals:
 - Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

STATE CLUSIANA

DATE REC. OCT 0 3 1995

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DATE A. JULY 3 1995

HCFA 179

TW No. 25-32.

Approval Date 11/27/95 Effective Date 7

HCFA ID: 0053C/0061E

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	LOUISIANA
Dtate:	BOUTOTHIN

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Louisiana excludes from copayment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, certain designated claim codes, and the drug file.

- E. Cumulative maximums on charges:
 - XX State policy does not provide for cumulative maximums.

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DATE REC'D 10-03-75

DATE APPV'D 11-22-73

DATE EFF - C7-13-73

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STÂTE PLÂN UNDER TITLE XIX OF THE SOCIAL SECURITY ÂCT STÂTE: LOUTSTÂNA

The following charges are imposed on the categorically heady:

Service	Deduct.	Type Charge Colns.	Copey		
Prescription Drugs				Amount and Basis for Determination	elemination
STATE DATE DATE DATE S HCFA			×	For each prescription reimbursed by Medicald, the recipient will be responsible for paying a copayment amount based on the following table as set out at 42 CFR 447.54.	bursed by Medicaid, the ble for paying a co- e following table as set
REC'D APP / D .				CALCULATED STATE PAYMENT \$10.00 or less	COPAYMENT
				\$10.00 to \$25.00 \$25.01 to \$50.00 \$50.01 or more	\$0.50 \$1.00 \$2.00
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Effective Date 7/13/93

Approved Date | 1 /22 /95

TN No. 45-26 Supersedes TN No. 92-25